however—no doubt because the anterior crural nerve was not affected. Mentally the dominant feature was amnesia, especially for recent events; she had also false reminiscences, but, as proving the relative integrity of her intellectual faculties, the patient realised that her memory played her tricks (her condition was analogous in this respect to that of a patient with motor aphasia), her condition being therefore unlike senile dementia. Under treatment she improved.

These two cases with decided polyneuritis are, according to Crocq, typical examples of mental confusion, and militate strongly against Korsakoff's view of the autonomy of polyneuritic psychosis.

H. J. MACEVOY.

A Case of Septicæmic General Paralysis [*Un cas de paralysie générale septicémique*]. (*Bull. de la Soc. de Méd. Ment. de Belgique, Feb.*, 1903.) *Crocq.*

B. F—, female, æt. 33, admitted January 18th, 1903. Married in 1896; in January, 1900, miscarried at the third month and developed severe streptococcic infection with fever and delirium, which lasted fourteen days and nearly proved fatal. During her convalescence, one month after the miscarriage, she had a convulsive seizure with temporary paralysis of the tongue and right arm (for a few hours). These attacks recurred at intervals of three days to fourteen days, and were followed by various transitory paralyses. Her speech became difficult, her ideas confused. Later she had auditory hallucinations and delusions of persecution, and was sent to St. Jean Asylum on January 19th, 1902. On October 12th she returned home improved, but weak intellectually. Five days later she lost consciousness, and on the following day became maniacal and incoherent, and dirty in her habits; her legs were contracted; reflexes exaggerated; light reflex feeble. No history and no evidence of syphilis could be obtained on careful inquiry and examination.

Reviewing the etiology of general paralysis, Crocq is of opinion that the most important factor is a *locus minoris resistentiæ* as regards the brain, *i. e.*, a predisposition; and that numerous occasional or exciting causes may determine the onset of the disease. Among the latter, infections and intoxications come first; syphilis heads the list by far, but other toxic factors must be considered, and among them puerperal septicæmia.

H. J. MACEVOY.

New Contribution to the Study of Post-operative Psychoses [*Nouvelle contribution à l'étude des psychoses post-opératoires*]. (*Arch. de Neurol.*, 1903, *No.* 87.) *Picqué and Briaud.*

The authors restrict the denomination of post-operative psychoses to delusional disorders which occur in the sphere of ideation alone; so that neurasthenia, for example, following upon an operation, is excluded. They also exclude delusional states directly due to toxæmia, which are transitory and differ in their symptoms and treatment—just as puerperal insanity differs from the transitory puerperal delirium arising from septicæmia. They admit, however, that the line of demarcation between these two groups of cases may be hard to draw. Moreover, as

has been pointed out by Magnan, we may have a febrile or toxæmic delirium superposed upon a true psychosis. Hereditary predisposition is a marked feature in post-operative insanity, so much so that one may deny the possibility of an operation alone causing a psychosis in a healthy subject; at the same time this is no argument for rejecting this class of cases. Gynæcological operations are not more likely to cause post-operative insanity than other operations; the confusion with simple neurasthenia has led to this opinion. The symptoms of post-operative insanity are most variable, and have furnished some justification for denying its existence as a separate form; moreover, in cases where general paralysis and other well-defined psychoses have supervened (or appeared to) upon an operation, we must attribute the occurrence to a mere coincidence. The variation in symptoms, or in the character of the psychosis, arises from the variability in the mental conformation of the patient and the varying predisposition—the all-important factor. The nature of the operation itself is another factor to be considered. The prognosis varies considerably as well as the treatment.

Notes of nine cases are appended. (1) A woman æt. 36, after curetting of the uterus, developed melancholia with delusions of negation, hallucinations, suicidal tendency. Predisposition (hereditary) marked; one cousin insane, father alcoholic. (2) A woman æt. 48, with ideas of suspicion, developed definite delusional insanity of persecution after an operation for removal of a uterine fibroid. In the third case a woman developed symptoms simulating those of general paralysis, etc. The paper, as a whole, is a useful contribution to the study of post-operative insanity, but does but little to clear up the haze which obscures the subject. H. J. MACEVOY.

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4. Treatment of Insanity.

Paraldehyde as a Hypnotic. (*Monats. f. Psych. u. Neur., Dec.*, 1902.) *Bumke.*

This is a serious study of the claims advanced in favour of paraldehyde as a hypnotic since its introduction into medicine in 1882. The ideal soporific which shall with certainty and without delay secure an untroubled refreshing sleep, approaching natural sleep as nearly as possible; the soporific which shall neither lose its efficacy nor accumulate its effects, and which shall, moreover, be easily dispensed and agreeable to take;—such a drug, like the philosopher's stone, has yet to be discovered. Among soporifics, however, as things are, paraldehyde can claim many virtues, and further experience and better knowledge have only strengthened its position. In the Freiburg Asylum, Dr. Bumke says that paraldehyde has more than held its ground against sulphonal, trional, and hedonal, and that it and scopolamin are now alone employed.

Far too much has been made of the unpleasant taste of paraldehyde, and of the fact that the patient's breath smells of the drug. The severer